0993

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RC @ 9.05 am

00879

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton 40 | LENGTH OF STAY (in this place): 23 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial 20 Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Georgia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SAVannah 49x-3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	George	Berry	Jan	30	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	negro			?70? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer			

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

795.5
Immediate cause (a) Sepsis due to prostate — 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) (This is all the information that could be obtained.)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Mott	M.D. D.M.E.	Easton Md	1-31-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	1-30-54	removal - anatomy	Board - Baltimore City

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/31/54	M.A. Nelms	Norman H. Marshall	

RECEIVED
FEB 8 1954
BUREAU V. S.

0904

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00880

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Breeding.
4. DATE OF DEATH: (Month) Jan (Day) 26 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug. 16, 1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Plum
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Mr Arrington Breeding
14. MOTHER'S MAIDEN NAME: Margaret Maizling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Sarah Breeding Goldsboro Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Myocardial Infarction — Interval Between Onset And Death 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Coronary Disease — ?

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22, 1954, to Jan 26, 1954, that I last saw the deceased alive on Jan 26, 1954, and that death occurred at 1.30 A from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) M D ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/29/54
NAME OF CEMETERY OR CREMATORY Mt. Olive
LOCATION (City, town, or county) Near Goldsboro (State) Md.
DATE REC'D BY LOCAL REGISTRAR 1/27/54
REGISTRAR'S SIGNATURE N. H. Neerier
24. FUNERAL DIRECTOR J. E. Boulais ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 2 1954
BUREAU V. S.

REPLACEMENT CERTIFICATE
MARGIN RESERVED FOR BINDING
VS. A15—10-53

ITEMS 8, 9, 11, 13, 14, 15, 16, 17: film G 166 5-17-54 LL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3986 CERTIFICATE OF DEATH

03965

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information (care) correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 09 12 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WARREN (Middle) M. (Last) BREREWOOD

4. DATE OF DEATH: (Month) January (Day) 21 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Jan. 26 1904
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm manager
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): DORCHESTER COUNTY MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHARLES W. BREREWOOD
14. MOTHER'S MAIDEN NAME: WILLIE MILLS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214 07 9697
17. INFORMANT & ADDRESS: LECOMPTE FUNERAL SERVICE, Cambridge Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9744

IMMEDIATE CAUSE (A) Found dead in barn on farm of A.B. HIGHLEY

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Suicide by hanging

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒ 20

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) garage
21C. WHERE DID INJURY OCCUR? (City or town) outside Trappe (County) Talbot (State) Md

21D. TIME OF INJURY (Month) 1 (Day) 21 (Year) 54 (Hour) 5:30 P.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Suicide by hanging

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19....., that I last saw the deceased alive on ....., 19...., and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE Louis Mosby D.M.E. M.D. ADDRESS Easton Md DATE SIGNED 4-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 4-7-54 | REGISTRAR'S SIGNATURE L.L. | 24. FUNERAL DIRECTOR | ADDRESS

APR 7 1954

-0905

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00881

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X St. Michaels
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) (Last) Brooks.
4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 20, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? Add

13. FATHER'S NAME: John Emory Webb
14. MOTHER'S MAIDEN NAME: Mary Parker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: George M Brooks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

332X

Immediate cause (a) Lobular Pneumonia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Encephalomalacia

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10 30 am, from the causes and on the date stated above.

Pathologist

SIGNATURE (Degree or title) A. A. Schmidt, M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 12 Jan 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-4-54
NAME OF CEMETERY OR CREMATORY St. Michaels
LOCATION (City, town, or county) St. Michaels (State) Md
DATE REC'D BY LOCAL REGISTRAR 1/3/54
REGISTRAR'S SIGNATURE N. H. Neeris
24. FUNERAL DIRECTOR Norman D Marshall ADDRESS St. Michael, Md

MARGIN RESERVED FOR BINDI

PLE SE WRITE PLAINLY, WITH UNFADING INK. Supply every item of mation carefully. The correct age is especially important. Physicians: please write the causes of d clearly and legibly.

VS. A.

1

RECEIVED
JAN 19 1954
BUREAU V. S.

0908

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00882

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova X
STREET ADDRESS (If rural give location) R F D #1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Burkhart

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: April 24, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: H. W.
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. Jacob Stauffer
14. MOTHER'S MAIDEN NAME: Fannie Katz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mrs John Geet (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: yes

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Art. Sclerosis — yes

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thyroid Adenoma — years.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1949, to 1-13, 1954, that I last saw the deceased alive on 1-13, 1954, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

SIGNATURE Ch. F. Buell (Degree or title) Cert. ADDRESS Easton Maryland DATE SIGNED 1-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 16, 1954
NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery
LOCATION (City, town, or county) Harrisburg (State) Pa

DATE REC'D BY LOCAL REGISTRAR 1/14/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR M. E. Newnam & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1954
BUREAU V. S.

0007

00853

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 533 Dover st

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 533 Dover St.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Cooper
4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12/15/88
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Peter Blackwell
14. MOTHER'S MAIDEN NAME: Fannie Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 220-01-1680
17. INFORMANT & ADDRESS: Clarence Cooper Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Carcinoma of the cervix, I.C. stage IV

DUE TO with metastases to the vagina, urethra

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) inguinal and supra-clavicular nodes

DUE TO chest and lungs.

(c)

Interval Between Onset And Death: Onset June 1952; Death Jan. 1954

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: January 1953
19b. MAJOR FINDINGS OF OPERATION— Carcinoma Uterus
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1953, to 1/28, 1954, that I last saw the deceased alive on 1/28, 1954, and that death occurred at 9 Pm, from the causes and on the date stated above.

SIGNATURE Frank E Mason (Degree or title) M.D. ADDRESS 18 W Dover St Easton Md DATE SIGNED 1/29/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/1/54
NAME OF CEMETERY OR CREMATORY Richards Cem.
LOCATION (City, town, or county) Easton, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 2/1/54
REGISTRAR'S SIGNATURE N.H. Neeries
24. FUNERAL DIRECTOR James B Dorhiell ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Q. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) (Last) Davis
4. DATE OF DEATH: (Month) 1 (Day) 28 (Year) 1954
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 29-1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mr. Alexander W. Davis
14. MOTHER'S MAIDEN NAME: Della Mae Anderson.
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Marie Davis (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Myocardial infarction due — Interval Between Onset And Death 2 wk.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) to arteriosclerotic coronary

DUE TO

(c) thrombosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Jan, 1954, to 28 Jan, 1954, that I last saw the deceased alive on 28 Jan, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton, Maryland DATE SIGNED 31 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/30/54
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REGISTRAR 1/29/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Maurice E. Newman & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APPROVED
BUREAU V. S.

0929

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MABEL (Middle) (Last) DEAN

4. DATE OF DEATH: (Month) JAN. (Day) 18 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 31, 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John F. Ousum

14. MOTHER'S MAIDEN NAME: Angelina Jarman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Rita Clark, Queen Anne Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive cardio-vasc. disease — Interval Between Onset And Death: more than 10 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4 1954 to Jan. 18, 1954, that I last saw the deceased alive on Jan 15, 1954, and that death occurred at 4 PM, from the causes and on the date stated above.

SIGNATURE Kurt Ledue (Degree or title) M.D. ADDRESS Queen Anne DATE SIGNED 1/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 21, 1954 — NAME OF CEMETERY OR CREMATORY Greenmount — LOCATION (City, town, or county) Hillsboro, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1/19/54 — REGISTRAR'S SIGNATURE N. Ed. Nevins — 24. FUNERAL DIRECTOR Virgil Mooney — ADDRESS Denton, Md.

VS. A15

RECEIVED
JAN
BUREAU V. S.

0909

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 4
LENGTH OF STAY (in this place) 16 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queenstown 17X.2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) S. (Last) Dudley
4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 10, 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Hiriam G. Dudley, Sr.
14. MOTHER'S MAIDEN NAME: Mary Holland.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Edith S. Dudley

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
053.4
Immediate cause (a) Septicemia type undetermined
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 2 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Jan, 1954, to 6 Jan, 19..., that I last saw the deceased alive on 7 Jan, 1954, and that death occurred at 7.30 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Harrison Md [illegible] 6 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-8-54
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Md
DATE REC'D BY LOCAL REGISTRAR 1/7/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville, Mary Cant

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

09 ?

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stevensville 17
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Isabelle (Middle) (Last) Eckstorm
4. DATE OF DEATH: (Month) Jan (Day) 13 (Year) 1954

5. SEX: S
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: August 5, 1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: H.W
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Mr Charles Ireland
14. MOTHER'S MAIDEN NAME: Nora Quillen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mr J William Eckstorm

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X

Immediate cause (a) ~~Cerebral Hemorrhage~~ — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible] — 1 month

DUE TO

(c) Arteriolar [illegible] — 1 year

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~[illegible]~~ 26 Dec, 1953, to 13 Jan, 1954, that I last saw the deceased alive on 13 Jan, 1954, and that death occurred at 7:46 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thurston Harris M.D. ADDRESS Easton Maryland DATE SIGNED 13 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/15/54
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) Stevensville (State) Md
DATE REC'D BY LOCAL REGISTRAR 1/14/54
REGISTRAR'S SIGNATURE N. H. Nevins
24. FUNERAL DIRECTOR Edgar L. Lamey ADDRESS Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN
BUREAU V. S.

0911

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot - Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton. Md
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton. Md
STREET ADDRESS (If rural give location) St Michaels Rd.

3. NAME OF DECEASED: (Type or Print) (First) Floyd (Middle) Robins (Last) Goldsborough
4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.
8. DATE OF BIRTH: Jan. 20, 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Trucking
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Matthew T. Goldsborough
14. MOTHER'S MAIDEN NAME: Ida Loud

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY No.: 220-18-7155
17. INFORMANT & ADDRESS: Miss Margaret Goldsborough (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary occulsion
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Lobular pneumonia
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...., that I last saw the deceased alive on 13 Jan 1954, and that death occurred at 6.30 am, from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) M. D. ADDRESS Easton Memorial Hosp. DATE SIGNED 13 Jan 1954

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]
DATE REC'D BY LOCAL REGISTRAR 1-14-54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
JAN
BUREAU V. S.

-0912

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
MARYLAND
LENGTH OF STAY (in this place) 8 hrs 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Lee (Last) Green.

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1954.

5. SEX: Female.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: August 11, 1953

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months 5 Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Green

14. MOTHER'S MAIDEN NAME: Myrtle Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) / (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Henry Green (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Focal Pulmonary Atelectasis due to Aspiration — Interval Between Onset And Death: 1 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Diarrhea, dehydration & Acidosis — 4 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13, 1954, to 1-14, 1954, that I last saw the deceased alive on 1-13, 1954, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John E. Baylutt MD 214 Dover ST Easton Md 1-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-15-54 — NAME OF CEMETERY OR CREMATORY Grasonville — LOCATION (City, town, or county) (State) Grasonville Md

DATE REC'D BY LOCAL REGISTRAR 1/14/54 — REGISTRAR'S SIGNATURE N. D. Merrick

24. FUNERAL DIRECTOR Myrtle Jackson, ADDRESS Cordova, Md

(Woolen)

VS. A15

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JAN 19 1
BUREAU V. S.

0013

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: Easton.
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton.
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memoria Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: Queen Anne
STATE Maryland. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grasonville. Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Grover. (Middle) (Last) Haddaway.

4. DATE OF DEATH: (Month) 1 (Day) 25 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug 28 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr Thomas Haddaway
14. MOTHER'S MAIDEN NAME: Sallie Hollingsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Lenge C Haddaway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X

Immediate cause (a) Cardiac failure — Interval Between Onset And Death 1 [illegible]

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pneumatic heart disease hiral stenosis — 4 [illegible]

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 1/25, 1954, that I last saw the deceased alive on 1/24, 1954, and that death occurred at 1.25 am, from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 2. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/28/54
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/27/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Edgar L. Lance, ADDRESS Easton, Md.

RECEIVED
FEB 11 1954
BUREAU V. S.

0930

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Royal Oak X
LENGTH OF STAY (in this place) 80 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Royal Oak X
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Harris

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept 14 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Trappe Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Eva Chase Hayman Royal Oak Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 332 X

Immediate cause (a) Cerebral apoplexy DUE TO

Antecedent cause(s) (b) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐ -
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Sept, 1953, to 13 Jan, 1954, that I last saw the deceased alive on 12 Jan, 1954, and that death occurred at 2 p m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) R L Perkins, M.D. ADDRESS DATE SIGNED 14 Jan 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1/16/54
NAME OF CEMETERY OR CREMATORY Colored Cemetery
LOCATION (City, town, or county) Royal Oak (State) Md

DATE REC'D BY LOCAL REG. Jan. 15-54
REGISTRAR'S SIGNATURE Mrs Ralph R. Selby
24. FUNERAL DIRECTOR Hamilton Harrison ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1892

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 37 days
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sherwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) M. (Last) Harrison
4. DATE OF DEATH: (Month) 1 (Day) 10 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Nov 19, 1908
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: H.W.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Arthur Mason
14. MOTHER'S MAIDEN NAME: Eva Keene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mr J. Lester Harrison

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

153X

Immediate cause (a) Metastatic adenocarcinoma of liver ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) adenocarcinoma sigmoid ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-21-53
19b. MAJOR FINDINGS OF OPERATION: Metastatic adenocarcinoma liver
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan., 1953, to 1-10, 1953, that I last saw the deceased alive on 1-10, 1953 and that death occurred at 8:10 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD ADDRESS St Michaels Md DATE SIGNED 1-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/12/54
NAME OF CEMETERY OR CREMATORY Sherwood Cemetery
LOCATION (City, town, or county) Sherwood (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/11/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR S. Hamilton Harrison ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place) 2½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge-RD 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Hester (Middle) Height (Last)

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: unknown

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josiah Hopkins

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records: Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Auto accident - Internal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) injuries - broken ribs - fractured

(c) Coma

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) G.A — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? M.V. with ...

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined ☐.*

SIGNATURE (Degree or title): W. Henry Frazier M.D. - Deputy Med Examiner for Talbot Co Md — ADDRESS: Centreville Md — DATE SIGNED: 1-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-10-54 — NAME OF CEMETERY OR CREMATORY: Cambridge RD — LOCATION (City, town, or county): Cambridge Md RD (State)

DATE REC'D BY LOCAL REG. 1/8/54 — REGISTRAR'S SIGNATURE: N. H. Nevins — 24. FUNERAL DIRECTOR: Lewis H Baynes Cambridge — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 4 LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carolina
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lissa Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CARROLL (Middle) (Last) JACKSON

4. DATE OF DEATH: (Month) JAN. (Day) 20 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER
8. DATE OF BIRTH: OCT. 15, 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Jackson
14. MOTHER'S MAIDEN NAME: Annie Anthony

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Blanche Willis (Sister) Queen Anne Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 421.1 (a) Heart failure DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Calcific aortic stenosis DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-9-, 1954, to 1-20-, 1954, that I last saw the deceased alive on 1-20-, 1954, and that death occurred at 8:02 P.M., from the causes and on the date stated above.
SIGNATURE Donald F. Bartley (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 1-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 23, 1954 NAME OF CEMETERY OR CREMATORY Greenmount LOCATION (City, town, or county) (State) Hillsboro, Md.
DATE REC'D BY LOCAL REGISTRAR 1/21/54 REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Charles V. Moore ADDRESS Denton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS x

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Terre (Middle) (Last) Kelly

4. DATE OF DEATH: (Month) 1 (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 1, 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 5 Days 24 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leroy Kelly

14. MOTHER'S MAIDEN NAME: Gladys May Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Gertrude Nelson, 326 Talbot St Easton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 096.1 DUE TO Pneumonia GI tract — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 19 .., to .. , 19.., that I last saw the deceased alive on .., 19 .., and that death occurred at 8:30 , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Norris M Kelly (Ind) Easton Md 1-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-27-1954 — NAME OF CEMETERY OR CREMATORY Trappe Colored Cemetery — LOCATION (City, town, or county) Trappe Rural, Md (State)

DATE REC'D BY LOCAL REGISTRAR 1/27/54 — REGISTRAR'S SIGNATURE N. H. Nevins — **24. FUNERAL DIRECTOR** John D Williams — ADDRESS Easton, Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 110
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ALFRED (Middle) STENGLE (Last) MARINE

4. DATE OF DEATH (Month) JAN. (Day) 2 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH 10-28-1876

9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer

10b. KIND OF BUSINESS OR INDUSTRY Own Practice

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John H. Marine

14. MOTHER'S MAIDEN NAME Mary English

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. not known

17. INFORMANT Mrs. Edward Peters: Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) MYOCARDIAL INFARCTION	1 HR.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) DIABETES MELLITUS	YEARS
260x	(c) ARTERIOSCLEROSIS	YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1953, to JAN. 2, 1954, that I last saw the deceased alive on JAN. 2, 1953, and that death occurred at 1:20 A.m., from the causes and on the date stated above.

SIGNATURE Donald F. Bartley (Degree or title) M.D. ADDRESS 9 N. Hanson St., Easton, Md. DATE SIGNED Jan. 2, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 1-4-1954

NAME OF CEMETERY OR CREMATORY Christ Church Cemetery

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. Jan. 4, 1954

REGISTRAR'S SIGNATURE John Mace Jr. M.D. N. H. Nicrier mnb

24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1897

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. (Last) Marshall

4. DATE OF DEATH: (Month) 1 (Day) 28 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Feb. 9 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman

10b. KIND OF BUSINESS OR INDUSTRY: Commercial

11. BIRTHPLACE (State or foreign country): Wittman, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John O. Marshall

14. MOTHER'S MAIDEN NAME: Julia Ann Haddoway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Ollie Marshall Wittman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertension	2 yrs
	DUE TO (c) Coronary disease	6 mos

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952 to Jan 28, 1954, that I last saw the deceased alive on Jan 28, 1954 and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Guy M Reese, C.Vet. ADDRESS Tilghman Md DATE SIGNED Jan 28 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 1/30/54

NAME OF CEMETERY ~~OR CREMATORY~~ Wittman ~~Md.~~ Cemetery

LOCATION (City, town, or county) Wittman, Md (State)

DATE REC'D BY LOCAL REG. 1-29-54

REGISTRAR'S SIGNATURE Mrs Robert Le Seck

24. FUNERAL DIRECTOR S. Hampton Harrison, St. Michaels Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Easton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
STREET ADDRESS (If rural give location): R.F.D # 2

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): Matthews

4. DATE OF DEATH: (Month) Jan. (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: Jan 16, 1954.

9. AGE Last Birthday: yrs. — IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours 33 Min. 15

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Memorial Hosp. Easton

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Russell Matthews

14. MOTHER'S MAIDEN NAME: Grace Eleanor Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: R. W. Matthews. Federalsburg Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Prematurity (1# 4oz) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16 ..., 19 54, to 1-17 ..., 19 54, that I last saw the deceased alive on 1-17 ..., 19 54 and that death occurred at 11:15 am., from the causes and on the date stated above.

SIGNATURE: John E Barbutt — (Degree or title) MD — ADDRESS: 24 Dover St Easton — DATE SIGNED: 1-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-20-54 — NAME OF CEMETERY OR CREMATORY: Hill Crest — LOCATION (City, town, or county) (State): Federalsburg Md

DATE REC'D BY LOCAL REGISTRAR: 1/18/54 — REGISTRAR'S SIGNATURE: M. H. Merrick

24. FUNERAL DIRECTOR: J. J. Frampton Son — ADDRESS: Federalsburg Md

1-21-54 Amended

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sherwood X
LENGTH OF STAY (In this place) 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Fairmount, Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 203
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) Jane (Last) Muir
4. DATE OF DEATH (Month) Jan. (Day) 8 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) widowed
8. DATE OF BIRTH April 14-1876
9. AGE last birthday 77 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fairmount Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William H. Parks
14. MOTHER'S MAIDEN NAME Melissa Catherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Howard Landon - Sherwood - Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Insert

Antecedent cause(s) attacks of angina — 3 yrs — 24 hrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — 3 yrs

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to Jan 5, 1954, that I last saw the deceased alive on Jan 5, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS [signature] DATE SIGNED Jan 5 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Jan. 11-1954
NAME OF CEMETERY OR CREMATORY Fairmount Cemetery
LOCATION (City, town, or county) Fairmount (State) Md.

DATE REC'D BY LOCAL REG. Jan 5-54
REGISTRAR'S SIGNATURE Mrs Robt R. [illegible]
24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS St. Michaels, Md.

RECEIVED
JAN 12 1954
BUREAU V. S.

Film#G160 Item# 8 1/28/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] R. 1 LENGTH OF STAY (in this place) 45 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova R. 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Julius	(Middle)	(Last) Naber	4. DATE OF DEATH	(Month) January (Day) 10 (Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 8/27/1879	9. AGE last birthday 74 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Samuel Naber	14. MOTHER'S MAIDEN NAME Julian Burchholz nee				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 217-09-7516A	17. INFORMANT Mrs. Emma Spencer Easton R.D.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Kyphoscoliosis — several years

(c) Generalized arteriosclerosis — several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Umbilical hernia

19a. DATE OF OPERATION Aug. [illegible]	19b. MAJOR FINDINGS OF OPERATION In [illegible] rt. orchiectomy right	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19 1954 to Jan. 10 1954, that I last saw the deceased alive on Jan. 10, 1954, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jerry Ledere	M.D.	Queen Anne, Md.	1/11/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Jan 14, 54	St. Pauls	Cordova	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/12/54	N. H. Neeris	[illegible]	Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot - MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 7 | LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurlock.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Emmett (Last) Perry.
4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 1954.
5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed.
8. DATE OF BIRTH: Sept 23, 1882
9. AGE last birthday: 71 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Mr Charles W Perry
14. MOTHER'S MAIDEN NAME: Mary Eleg. Cowley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Walter Jovey (Daughter) Hurlock Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
332X Immediate cause	(a) Right Cerebral Thrombosis	6 days
DUE TO		
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arteriosclerosis	10 yrs
DUE TO		
260X	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 yrs

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27, 1953, to 1/3, 1954, that I last saw the deceased alive on 1/2, 1954, and that death occurred at 4:16 AM from the causes and on the date stated above.
SIGNATURE Harold B Pennington (Degree or title) M.D. ADDRESS Preston Maryland DATE SIGNED 1/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1-6-54 | NAME OF CEMETERY OR CREMATORY Leuchester | LOCATION (City, town, or county) Mt. Preston (State) Md
DATE REC'D BY LOCAL REGISTRAR 12/4/54 | REGISTRAR'S SIGNATURE N. H. Neeres | 24. FUNERAL DIRECTOR J J Frampton Son Federalsburg ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

Film#G161 Item# 7 2/11/54 emf

0921

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 4
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queenstown Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Scheiner
4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: ?
9. AGE last birthday: 80? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Michael Scheiner
14. MOTHER'S MAIDEN NAME: Mary Stafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Lawrence Scheiner Queenstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332x

Immediate cause (a) Cerebral Infarcts

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Thrombosis

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1954, to 1/31, 1954, that I last saw the deceased alive on Jan 31, 1954, and that death occurred at 10 35 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Easton Memorial Hosp. 2 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/2/54
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Md

DATE REC'D BY LOCAL REGISTRAR 2/2/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Maurice E. Newnam
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V. S.

0934

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Leila (Middle) Martin (Last) Seymour

4. DATE OF DEATH: (Month) Jan (Day) 16 (Year) 19 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 5, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months 2 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Trappe, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Bond Martin

14. MOTHER'S MAIDEN NAME: Rebecca Eccleston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Dr. William S. Seymour, Trappe Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 153X

Immediate cause (a) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH 2 mo

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 Nov - 20 - 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Jan. 16, 1954, that I last saw the deceased alive on Jan - 15, 1954, and that death occurred at 1:10 P.m., from the causes and on the date stated above.

SIGNATURE William L. Wetters (DEGREE OR TITLE) M.D. ADDRESS Easton Md. DATE SIGNED 1-18-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Jan. 18, 1954

NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery

LOCATION (City, town, or county) Easton, (State) Maryland

DATE REC'D BY LOCAL REG. 1/17/54

REGISTRAR'S SIGNATURE N. H. Neerus

24. FUNERAL DIRECTOR: John D. Williams, ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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JAN 22 1914
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 4
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) S. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) McCulley (Last) Stevens
4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: May 26, 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Doctor
10b. KIND OF BUSINESS OR INDUSTRY: M. D.
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Alexander Stevens
14. MOTHER'S MAIDEN NAME: Jane McCulley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) Served Wrld I
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: James A. Stevens III, Easton

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death: sudden; 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 1948, to 31 Jan, 1954, that I last saw the deceased alive on 14 Jan, 1954, and that death occurred at 31 Jan 54 from the causes and on the date stated above.
SIGNATURE (Degree or title) [illegible] Harrison M.D.
ADDRESS Easton Maryland
DATE SIGNED 1 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF Feb. 7, 1954
NAME OF CEMETERY OR CREMATORY Lincoln City
LOCATION (City, town, or county) Lincoln City (State) Delaware
DATE REC'D BY LOCAL REGISTRAR 2/1/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR [illegible]
ADDRESS Easton

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 110
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) C. (Last) Stevens
4. DATE OF DEATH: (Month) January (Day) 30 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept 4, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retired Mail Carrier
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mr. William W. Stevens
14. MOTHER'S MAIDEN NAME: Mary Cooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mrs Lace D. Stevens

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the gallbladder with metastases to the liver
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
260x (c)

Interval Between Onset And Death: 6 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION: Nov. 14, 1953
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the gallbladder c/ metastases to the liver
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to Jan 30, 1954, that I last saw the deceased alive on Jan 29, 1954, and that death occurred at 4:50 PM, from the causes and on the date stated above.
SIGNATURE Kurt Lederer (Degree or title) M.D. ADDRESS Queen Anne DATE SIGNED Jan 31, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 3 1953
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REGISTRAR 2/1/54
REGISTRAR'S SIGNATURE N. H. Neerius
24. FUNERAL DIRECTOR M. E. Nuvaard & Son ADDRESS

BUREAU V. S.

0924

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton 40 — LENGTH OF STAY (in this place): 15 1/2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queen Anne X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Catherine Stewart
4. DATE OF DEATH (Month) (Day) (Year): 1 12 1954
5. SEX: F
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Nov. 13, 1915
9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Richard Wilmer
14. MOTHER'S MAIDEN NAME: Mary Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: ~~Unknown~~ 220-61-1658
17. INFORMANT AND ADDRESS: George Stewart (Guest)

II. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Intra-cranial hemorrhage — 1 Month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) no history or signs of injury

(c) permissive autopsy —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Louis Whetty MD. DME — ADDRESS: Easton Md — DATE SIGNED: 1-13-54

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE THEREOF: 1-14-54 — NAME OF CEMETERY OR CREMATORY: Newtown — LOCATION (City, town, or county): Cordova — (State): Md

DATE REC'D BY LOCAL REG.: 1/13/54 — REGISTRAR'S SIGNATURE: N. H. Neiner — 24. FUNERAL DIRECTOR: James B. Darkiell — ADDRESS: Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. S.

0925

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 609 Dover st.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 609 Dover st.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) H (Last) Thompson

4. DATE OF DEATH: (Month) 1 (Day) 10 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-15-1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Preacher
10b. KIND OF BUSINESS OR INDUSTRY: Minister
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unkown
14. MOTHER'S MAIDEN NAME: Lucy Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Caroline Thompson Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4

Immediate cause (a) Chronic Endocarditis — Interval Between Onset And Death 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) —

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1952 to Jan. 10, 1954, that I last saw the deceased alive on Jan. 10, 1954, and that death occurred at 7:20 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Hayward T. Webb, MD
ADDRESS Easton, Md.
DATE SIGNED Jan. 11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-14-54
NAME OF CEMETERY OR CREMATORY Richardson Cem.
LOCATION (City, town, or county) Easton (State) MD.

DATE REC'D BY LOCAL REGISTRAR 1/14/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR James B. Dorkiell
ADDRESS Easton, Md.

RECEIVED
JAN 9 1934
BUREAU V. S.

-C226-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 45 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rt. 50 R.D. #2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Willard (Middle) Thomas (Last) Townsend

4. DATE OF DEATH: (Month) 1 (Day) 6 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: 2-20-70

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs Catherine Townsend wife

18. MEDICAL CERTIFICATION: Done

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4-0.1 DUE TO Myocardial Infarction — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Arteriosclerotic Coronary Occlusion — ?
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 54, to 1-6-, 19 54 that I last saw the deceased alive on 1-6-, 19 54 and that death occurred at 5:40 pm, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M D — ADDRESS Easton 2nd — DATE SIGNED 1-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 11 1954 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) Easton — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1/7/54 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR [signature] — ADDRESS

RECEIVED
JAN 1 1954
BUREAU OF

0935

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne RD Skipton
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Queen Anne RD Skipton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Waters

4. DATE OF DEATH: (Month) 1 (Day) 14 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: clored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ✓

8. DATE OF BIRTH: 1-14-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min. 20

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edw. Benj. Waters

14. MOTHER'S MAIDEN NAME: Elenora Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Ida Harris Brooks, midwifer

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

761.0 Immediate cause (a) Drowned in amniotic fluid before arrival of midwife

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 .., to ...., 19... .., that I last saw the deceased alive on ..... , 19 ..., and that death occurred at ...., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis Mertz M.D. County Registrar Easton 1-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF 1-14-54 NAME OF CEMETERY OR CREMATORY at home LOCATION (City, town, or county) (State) Queen Anne Md R1

DATE REC'D BY LOCAL REGISTRAR 1/14/54 REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR by parents ADDRESS Queen Anne, Md

411423734

R7

RECEIVED
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BUREAU V. S.

0923

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00910

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Easton 40 — LENGTH OF STAY (in this place): 14 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Greensboro 05x2
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) J. (Last) Williams

4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Mln.
M	W	Married	Sept 30 1881	72 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U S A

13. FATHER'S NAME: Mr. William Williams
14. MOTHER'S MAIDEN NAME: Susan Benton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown	Mrs Bessie Williams Greensboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a) 443X	Apoplexy	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO	H.C.V.D.	?
(c)		

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24-, 1954, to 1-24-, 1954, that I last saw the deceased alive on 1-24-, 1954, and that death occurred at 6 40 p.m., from the causes and on the date stated above.

SIGNATURE: B Cox (Degree or title): M.D. ADDRESS: Easton Md DATE SIGNED: Jan 25, 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/27/54	Greensboro	Greensboro,	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/25/54	N.A. Reeves	R.B. Pawlenzio	Greensboro, Md.

RECEIVED
FEB 2 1954
BUREAU V. S.

0928

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00911

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 1hr 45min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
STREET ADDRESS (If rural give location) Dover Street

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) B. (Last) Winters Jr
4. DATE OF DEATH: (Month) 1 (Day) 6 (Year) 1954

5. SEX: M
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 29-1953
9. AGE last birthday: yrs.
IF UNDER 1 YEAR: Months 5 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Daniel B Winters
14. MOTHER'S MAIDEN NAME: Jardelta Joesting

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Daniel B. Winters (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

754.4

Immediate cause (a) Congenital Heart Disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Richard J. M. R. (Degree or title) ADDRESS Center Memorial Hosp. DATE SIGNED 12 Jan 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-8-54
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REGISTRAR 1-7-54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md

20(7)3231405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1954
BUREAU V. S.